

2829 University Avenue SE #200 Minneapolis, MN 55414-3252 (612) 317-3000 – Voice (612) 617-2190 – Fax Toll Free (888) 234-2690 (MN, IA, ND, SD, WI) (800) 627-3529 – TTY

> Email: nursing.board@state.mn.us Website: www.nursingboard.state.mn.us

ADVANCED PRACTICE REGISTERED NURSE (APRN) INSTRUCTIONS FOR LICENSURE APPLICATION

Effective January 1, 2015 all APRNs will be required to hold a license as an APRN to practice advanced practice nursing in Minnesota.

All APRNS must complete the APRN Licensure Application and the Confirmation of Program Completion-Advanced Practice Registered Nurse forms.

Additional forms to be completed:

- CNSs and CNPs must complete the *Post-Graduate Practice Verification* form.
- CRNAs who practice nonsurgical pain management must complete the Verification of CRNA Written Prescribing Agreement form.

APRN Licensure Application forms:

- Complete one APRN Licensure Application form for each role (Clinical Nurse Specialist, Nurse Midwife, Nurse Practitioner, and Registered Nurse Anesthetist) for which you are applying. A separate application form, fee and license are required for each role.
 - Check the appropriate population focus in the *Population Focus* section. More than one population may be selected as directed by your certification(s). Check Acute Care or Primary Care if your certification reflects this designation.
 - o Complete the certifying organization information in the *Current Certification* section.
 - Check the appropriate box regarding your prescribing practice(s) in the *Prescribing* section. Non-pharmacological interventions may include, specific therapies such as physical therapy, speech therapy, nutrition, durable medical equipment, wound care, etc.
 - Complete the fields regarding DEA numbers. Provide information for all DEA numbers you hold. CRNAs may require a DEA number. Please contact the DEA office to determine if you should obtain a DEA number.
 - Sign and date the application.
 - Enclose the fee (\$115.50 includes licensure fee of \$105.00 and \$10.50 eLicensing surcharge per MN Statute sec. 16.E.22) in the form of a money order or cashiers check payable to the Minnesota Board of Nursing and mail the completed form to the Minnesota Board of Nursing. Personal checks will not be accepted.
- Request documentation of your current certification in good standing be sent directly from the certifying organization to the Minnesota Board of Nursing.
- Complete the first page of the Confirmation of Program Completion-Advanced Practice Registered Nurse form and forward the form to the APRN program you completed.

Revised: 10/21/2014